

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Attorney Docket Number 9-13528-77US
		First Named Inventor LOGGE, Richard A.
		<i>Complete if known</i>
		Application Number _____ Filing Date _____ Group Art Unit _____ Examiner Name _____
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKET DATA TRAFFIC CONTROL FOR CELLULAR WIRELESS NETWORKS

the specification of which

is attached hereto.

OR

was filed on _____ (mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____

and was amended on _____ (if applicable). _____ (mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**CO-FILED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number: **20988**



20988

PATENT TRADEMARK OFFICE

Direct all correspondence to:



20988

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Richard A.

LODGE

Inventor's Signature

Date Jan. 20 / 2000

Residence: City

Ottawa State Ontario Country Canada Citizenship Canadian

Post Office Address

#107 - 1310 Pinecrest Road

City

Ottawa

Province or State

Ontario

Postal Or Zip Code

K2C 3N8

Country

Canada

Additional inventors are being named on the

supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Patrick Lie Chin

Family Name or Surname

R.D.

LIE CHIN CHEONG

Inventor's Signature

R.D. Chin

Date

20 Jan. 2000

Residence:

City Nepean State Ontario Country Canada Citizenship CanadianPost Office Address 522 - 25 Woodridge CrescentCity NepeanProvince
or State OntarioPostal
Code
Or Zip K2B 7T4Country Canada**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City _____ State _____ Country _____ Citizenship _____

Post Office Address

City _____

Province
or State _____Postal
Code
Or Zip _____

Country _____

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City _____ State _____ Country _____ Citizenship _____

Post Office Address

City _____

Province
or State _____Postal
Code
Or Zip _____

Country _____

 Additional inventors are being named on the

supplemental Additional Inventor(s) PTO/SB/02A attached hereto.